

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10 / 518206**
FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6	1					
7		1				
8		1				
9	1					
10		1				
11		1				
12	1					
13		1				
14		1				
15	1					
16		1				
17		1				
18	1	1				
19		1				
20		1				
21	1					
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23		1				
24	1					
25		1				
26		1				
27	1					
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29		1				
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49						
50						
TOTAL IND.	10		↓		↓	↓
TOTAL DEP.	30	↔		↔	↔	
TOTAL CLAIMS	40	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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96						
97						
98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.			↔		↔	↔
TOTAL CLAIMS			[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]